County: Milwaukee Facility ID: 5580 Page 1

MAPLEWOOD CENTER

8615 WEST BELOIT ROAD

WEST ALLIS	53227	Phone: (414) 607-4100	Ownershi p:	Nonprofit Church-Related
Operated from	1/1 To 19/91	Days of Operation: 366	Highest Loyal Licenses	Skilled

Highest Level License: Operated from 1/1 To 12/31 Days of Operation: 366 Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? Yes Number of Beds Set Up and Staffed (12/31/00): 150 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 167 Average Daily Census: 145 Number of Residents on 12/31/00: 138

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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%							
Home Health Care	No	Primary Diagnosis	%	Age Groups	<sub> </sub>	Less Than 1 Year	52. 2			
Supp. Home Care-Personal Care	No					1 - 4 Years	44. 2			
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	3. 6			
Day Services	No	Mental Illness (Org./Psy)	12. 3	65 - 74	3. 6					
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	34. 8		100. 0			
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	54. 3	****************	******			
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.4	95 & 0ver	7. 2	Full-Time Equivalen	it			
Congregate Meals	No	Cancer	0. 7			Nursing Staff per 100 Re	si dents			
Home Delivered Meals No		Fractures	0.0		100.0	(12/31/00)				
Other Meals	No	Cardi ovascul ar	9. 4	65 & 0ver	100.0					
Transportation	No	Cerebrovascul ar	9. 4			RNs	15. 9			
Referral Service	No	Diabetes	0. 7	Sex	%	LPNs	6. 2			
Other Services	No	Respi ratory	1.4			Nursing Assistants				
Provi de Day Programming for		Other Medical Conditions	64. 5	Male	19. 6	Aides & Orderlies	36. 8			
Mentally Ill	No			Female	80. 4					
Provide Day Programming for			100.0							
Developmentally Disabled No					100. 0					
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Method of Reimbursement

	Medi care				Medicaid (Title 19)												
(Title 18) Per		e 18)	(	Other Pri				Pri vate Pay			Manage	Percent					
		Per Diem		em	Per Diem		m	Per Dien		m	m Per Diem				Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	5	12. 2	\$127. 43	0	0. 0	\$0.00	4	5. 4	\$205.00	0	0. 0	\$0.00	9	6. 5%
Skilled Care	21	100.0	\$263.42	30	73. 2	\$107.89	0	0.0	\$0.00	61	82. 4	\$179.00	2	100. 0	\$357.61	114	82.6%
Intermediate				6	14.6	\$88. 34	0	0.0	\$0.00	9	12. 2	\$179.00	0	0. 0	\$0.00	15	10.9%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	i. 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	21	100. 0		41 1	00.0		0	0.0		74	100. 0		2	100.0		138	100.0%

MAPLEWOOD CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Servi ces	, and Activities as of	12/31/00
Deaths During Reporting Period							
			Total				
Percent Admissions from:		Activities of	%	Ass	istance of	% Totally	Number of
Private Home/No Home Health	1.1	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	2. 2		65. 9	31. 9	138
Other Nursing Homes	2.3	Dressi ng	9. 4		67. 4	23. 2	138
Acute Care Hospitals	91.3	Transferri ng	22. 5		60. 1	17. 4	138
Psych. HospMR/DD Facilities	0.6	Toilet Use	19. 6		55. 1	25. 4	138
Rehabilitation Hospitals	2. 1	Eati ng	60. 9		35. 5	3. 6	138
Other Locations	2. 5	**************	*******	******	*********	********	******
Total Number of Admissions	473	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	2. 2	Recei vi ng	Respiratory Care	4. 3
Private Home/No Home Health	25. 9	0cc/Freq. Incontinen	t of Bladder	53. 6	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	20. 5	0cc/Freq. Incontinen	t of Bowel	37. 7	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	8. 1				Recei vi ng	Ostomy Care	4. 3
Acute Care Hospitals	14. 9	Mobility			Recei vi ng	Tube Feeding	2. 9
Psych. HospMR/DD Facilities	1.0	Physically Restraine	d	1.4	Recei vi ng	Mechanically Altered Di	ets 26.8
Rehabilitation Hospitals	0.0						
Other Locations	16.8	Skin Care			Other Reside	nt Characteristics	
Deaths	12.8	With Pressure Sores		9. 4	Have Advar	ce Directives	85. 5
Total Number of Discharges		With Rashes		3. 6	Medications		
(Including Deaths)	483				Recei vi ng	Psychoactive Drugs	49. 3
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		Ownershi p:		Bed Size:		Li censure:			
	This Nonprofit		100-	199	Ski l	lled	Al l		
	Facility	Peer	Peer Group		Peer Group		Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86. 8	91.5	0. 95	83. 3	1. 04	81. 9	1.06	84. 5	1.03
Current Residents from In-County	94. 2	87. 4	1.08	85. 0	1. 11	85. 6	1. 10	77. 5	1. 22
Admissions from In-County, Still Residing	14. 0	27. 5	0. 51	19. 2	0. 73	23. 4	0.60	21.5	0.65
Admissions/Average Daily Census	326. 2	115. 2	2. 83	196. 7	1. 66	138. 2	2. 36	124. 3	2. 63
Discharges/Average Daily Census	333. 1	118. 5	2.81	194. 3	1. 71	139. 8	2. 38	126. 1	2.64
Discharges To Private Residence/Average Daily Census	154. 5	35. 5	4. 35	76. 2	2.03	48. 1	3. 21	49. 9	3. 10
Residents Receiving Skilled Care	89. 1	89. 5	1.00	91. 2	0. 98	89. 7	0.99	83. 3	1.07
Residents Aged 65 and Older	100	96. 9	1.03	93. 9	1.06	92. 1	1.09	87. 7	1.14
Title 19 (Medicaid) Funded Residents	29. 7	<b>57. 6</b>	0. 52	60. 4	0. 49	65. 5	0. 45	69. 0	0.43
Private Pay Funded Residents	53. 6	35. 4	1.51	26. 5	2.02	24. 5	2. 19	22.6	2.37
Developmentally Disabled Residents	0. 0	0.4	0.00	0.6	0. 00	0. 9	0. 00	7. 6	0.00
Mentally Ill Residents	12. 3	30. 8	0.40	26. 6	0.46	31. 5	0. 39	33. 3	0.37
General Medical Service Residents	64. 5	24. 9	2. 59	22. 9	2. 82	21.6	2. 99	18. 4	3. 50
Impaired ADL (Mean)	49. 0	<b>50</b> . <b>5</b>	0.97	48. 7	1.01	50. 5	0.97	49. 4	0. 99
Psychological Problems	49. 3	45. 5	1.08	50. 4	0. 98	49. 2	1.00	50. 1	0. 98
Nursing Care Required (Mean)	6. 4	6. 6	0. 98	7. 3	0. 88	7. 0	0. 91	7. 2	0. 90